


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 19 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>											
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000003232</b>  <b>FAIRFIELD CHASE MEDICAL PARTNERS, LLC</b> <b>P.O. BOX 2874</b> <b>CLEARWATER FL 33757-2874</b>		1a. Principal Place of Business Address <del>843 HARBOR ISLAND</del> <del>CLEARWATER FL 33767</del>											
2. Principal Place of Business <b>600 CLEVELAND ST.</b> Suite, Apt. #, etc. <b>Suite 1100</b> City & State <b>CLEARWATER, FL</b> Zip <b>33755-4160</b>		2a. Mailing Address Suite, Apt. #, etc. City & State Zip <b>USA</b>		3. Date Organized or Qualified <b>12/17/1998</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>59-3547513</b> 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required									
7. Name and Address of Current Registered Agent <b>CRECO, FRANK J</b> <b>1715 N. WESTSHORE BLVD., SUITE 750</b> <b>TAMPA FL 33607</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b>										
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.													
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when a new agent is appointed)</small>			DATE _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td style="vertical-align: top;"> <b>MGR</b>  <b>MGR</b> </td> <td style="vertical-align: top;"> <b>ORSATTI, CHARLES T</b> </td> <td style="vertical-align: top;"> <del>843 HARBOR ISLAND</del>  <b>600 CLEVELAND STREET</b>  <b>Suite 1100</b> </td> <td style="vertical-align: top;"> <b>CLEARWATER FL</b>  <b>33755-4160</b>    <b>2-24-99</b> </td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	<b>MGR</b> <b>MGR</b>	<b>ORSATTI, CHARLES T</b>	<del>843 HARBOR ISLAND</del> <b>600 CLEVELAND STREET</b> <b>Suite 1100</b>	<b>CLEARWATER FL</b> <b>33755-4160</b>  <b>2-24-99</b>
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.													
SIGNATURE: <i>Charles T. Orsatti</i>			2-17-99 727-449-0067										